MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
0)598020	
APPLICANT(S)	

CLAIMS

IND. DEP.		AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1" AMENDMENT		AF ^{2™} AME	
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MULTIPLE DEPEN NT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10 398020 APPLICANT(S)

FILING DATE

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